The Manor

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated The Manor as good because:

- The hospital had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and provide the right care and treatment.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff recognised incidents and reported them appropriately.
- The hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- The hospital had many easy read information booklets explaining a variety of things including physical and mental health, how to complain and how to use an advocate. Staff also provided easy read care plans to patients.
- Staff understood Duty of Candour. They were open and honest with patients and carers.
- Patients, staff and carers said they knew how and who to complain to.
- All staff had the common vision of providing the best care. The provider had four values of honesty, care, commitment and openness and we saw staff display this in their work.

Summary of findings

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Good

The Manor

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to The Manor

The Manor is a locked rehabilitation hospital that provides a service for up to 20 men with learning disabilities and/or mental health needs. Some people at the hospital are detained under the Mental Health Act 1983. The hospital is based in Shirebrook close to a range of community services and facilities. The hospital was purpose built and is on two floors with a lift and stairs for access. The hospital has secluded gardens and recreational facilities.

At the time of this inspection there were 19 people using the service. The hospital has a registered manager who is also known as the hospital director. This is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

The Manor is registered to provide:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

The hospital was last inspected in 2015. CQC rated it as Good.

The Mental Health Act team has visited in March 2014 and again in December 2015 and no concerns were raised.

Our inspection team

Team leader: Judy Davies.

The team that inspected the service comprised three CQC inspectors and an Expert by Experience. This is someone who has used, or cared for someone using a similar service.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information we had gained from monthly intelligence feedback and quarterly face-to-face meetings with the manager of the hospital. We asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for patients
- spoke with nine patients directly who were using the service, but also talked with patients as we walked around
- spoke with four carers

Summary of this inspection

- spoke with the registered manager, the head of care and the Mental Health Act administrator
- spoke with 11 other staff members including nurses, support workers, a consultant psychiatrist, a psychologist, an occupational therapist, a therapy coordinator and a speech and language therapist
- received feedback about the service from two commissioners
- spoke with an independent mental health advocate
- attended and observed one morning meeting and two multi-disciplinary meetings
- collected feedback from four patients using comment cards
- looked at six care and treatment records of patients
- carried out a specific check of the medication management and spoke with the independent pharmacist
- looked at the range of easy read information printed and on display
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Carers told us the hospital staff were caring and considerate. They were kept informed of their relatives care and the staff were very good at helping patients return home for visits. Of the eight comment cards completed, only three could be read and these asked questions about individual care being received. Verbal feedback from patients varied. Two patients said they were not happy being there because they were held under the Mental Health Act. Eight patients said they felt safe and all said staff listened. Commissioners spoke highly of The Manor saying it was a good service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The hospital had enough staff with the right qualifications, skills, training and experience. Staff kept patients safe from avoidable harm and provided the right care and treatment.
- The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The hospital director investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The hospital had suitable premises and equipment. Staff kept equipment clean and checked it regularly to make sure it worked correctly.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Are services effective?

Good

We rated effective as good because:

- The hospital provided care and treatment based on national guidance and evidence of its effectiveness. The hospital director and head of care checked to make sure staff followed guidance.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system they could update.
- The hospital had a robust system of care planning, risk management and patient involvement in care. Care plans were available to patients in an easily understood format.
- The hospital made sure staff were competent for their roles. appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Are services caring?

Good

We rated caring as good because:

- Staff cared for patients with dignity, respect and compassion. We saw this demonstrated in staff and patient interactions. Patients reflected this in their feedback.

Summary of this inspection

- Staff involved patients and those close to them in decisions about care and treatment.

Are services responsive?

Good

We rated responsive as good because:

- The hospital took account of patients' individual needs. Care plans showed patients had their needs and views respected.
- Staff arranged patient admissions and discharges at an appropriate time of day. The hospital director said there was no pressure to accept referrals.
- Staff provided a variety of activities to help patients keep occupied.
- The hospital treated concerns and complaints seriously. The hospital director investigated them and lessons learned were shared with all staff.
- The speech and language therapists had introduced talking buttons to help patients understand information in a different way.

Are services well-led?

Good

We rated well led as good because:

- Staff were up-to-date with mandatory training and supervision.
- Staff undertook different clinical audits across the hospital.
- The provider had key performance indicators for staff and the hospital.
- The sickness and absence rate was low. Staff said they enjoyed working with this group of patients.
- Staff said they worked as a team and supported each other.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- All staff had completed Mental Health Act training as part of their induction programme which was updated yearly. The training record showed 81% of staff had completed Mental Health Act training up until the 20 October 2017. Staff could explain the Mental Health Act and the Code of Practice, and how they used them in the hospital.
- Detention paperwork, including section papers and renewals were up-to-date and stored correctly in patient files. All 18 medication charts had the correct consent to treatment and capacity assessment forms attached (T2 and T3). Patients were legally detained.
- Staff explained rights of the Mental Health Act to patients on admission and then at regular intervals afterwards.
- The hospital employed a Mental Health Act administrator. Staff knew who they were and knew to contact them if they needed Mental Health Act advice.
- An independent mental health advocate visited weekly and was available for all patients if they wanted their help.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed Mental Capacity training as part of their induction programme that was then updated yearly. The training record showed 81% of staff had completed Mental Capacity training up until the 20 October 2017. Staff understood what capacity was and could explain the five statutory principles.
- Staff understood what a Deprivation of Liberty Safeguards was and there had been no Deprivation of Liberty Safeguards applications made between May 2017 and 5 November 2017.
- Care records showed staff recorded patient's capacity appropriately and staff completed assessments on a decision specific basis.
- The speech and language therapist worked with staff and patients to help communicate in different ways to make sure they assessed capacity correctly. Staff received updates to the Mental Health Act and the Mental Capacity Act by emails and information from the Mental Health Act administrator.

Good

Wards for people with learning disabilities or autism

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- There were no blind spots in the main communal rooms, but the ward covered two floors, which meant staff could not see all areas of the building. Staff reduced risks by observations, use of domed observation mirrors and individual risk management plans. For example if a patient presented as unsettled then staff could increase observations when necessary. We saw nursing staff present on both floors of the ward.
- The hospital director had completed an environmental risk assessment and a ligature risk assessment in July 2017. The ligature risk assessment identified the points that presented a risk to patient safety. A ligature point is a place to which patients intent on self-harm might tie something to strangle themselves. The action plans on both assessments showed how staff reduced identified risks. For example, by increased observations or removing and changing door handles.
- There were two clinic rooms, one on each floor, and one treatment room located on the first floor. Both clinic rooms were secure, clean and tidy. Staff checked and recorded fridge temperatures daily and records demonstrated this had been continuous from August 2017. The treatment room was equipped with an examination couch, height gauge, weighing scales and a sphygmomanometer, for measuring blood pressure. An electrocardiogram machine, used for a simple test to check heart rhythm and electrical activity, was also present. Staff used these to complete physical health checks of patients Staff ensured that all equipment was clean and maintained in working order.
- The emergency equipment was stored in the treatment room. This included a defibrillator, oxygen and emergency drugs. Staff recorded daily checks of emergency equipment to ensure they worked. Staff checked the resuscitation bag weekly and ensured the drugs contained were up-to-date.
- The Manor did not have a seclusion room. We found no evidence of seclusion or long-term segregation used in this hospital.
- The ward and patient rooms were clean and tidy. Furniture was in good condition and there was a pleasant smell throughout the building. We looked at the cleaning records from 10 July 2017 to 5 November 2017. Cleaning staff worked seven days a week. Cleaning records were complete and staff recorded a reason when they could not clean an area. For example, when a patient declined to have their room cleaned, staff had recorded this and noted further actions. A maintenance team was available to ensure fixtures and fittings were kept in order and there was a reporting system in place to ensure repairs were dealt with promptly. Electrical safety stickers were present and dated correctly to ensure electrical equipment was kept safe to use.
- Staff followed infection control practices and training records showed all staff had received training in infection control. There were hand-sanitising gels available and we observed staff using them.
- All staff carried emergency alarms on entry to the building. Staff activated alarms during our inspection and other staff responded promptly.

Good

Wards for people with learning disabilities or autism

Safe staffing

- The hospital director had established safe staffing by completing a staffing analysis to look at minimum staffing levels. This was based on activity levels and patient bed occupancy. The analysis also considered any risk factors that would require increased staffing levels. The hospital director or head of care checked and reviewed staffing levels across each 24-hour period. They adjusted levels to meet the presenting needs, risks and activity commitments of patients.
- The analysis showed a qualified nurse and five support workers were the minimum number of staff necessary on a day shift. At night, this was one qualified nurse and four support workers. Rotas from 14 August 2017 to 5 November 2017 showed this number had been met and showed most days had at least two qualified nurses and eight support workers on duty. Out of 84 shifts,only eight had one qualified nurse on duty. The remaining 76 shifts were staffed with two or more qualified nurses. The head of care (a trained nurse) was available 9am to 5pm from Monday to Friday, but was not included in the rota numbers. . The rota showed that when necessary, the head of care worked flexible hours to meet the needs of patients. Staff said they were often busy but rarely short staffed.
- There were 10 whole time equivalent qualified nurse with no vacancies. There were 24 whole time equivalent support staff with three vacancies.
- Staff sickness was at two per cent from November 2016 to November 2017. Staff turnover in the same period was 33%. This had recently increased due to disciplinary action taken against three staff in August 2017.
- Patients had continuity of care and knew who was caring for them because the hospital did not use agency staff. It had a small bank of regularly used staff that could work at short notice and had use of the CAS East Midlands bank of staff. This was a group of staff available for extra shifts. All bank staff had been on the same induction training as regular staff.
- Both the head of care and hospital director were able to adjust staffing levels to meet the needs of the patients.
- Experienced staff were always visible in communal patient areas and were able to call qualified nurses if needed.
- Staff said they had enough time to offer one-to-one time with their patients although one member of staff felt night staff did not have that time. Patients confirmed they received one-to-one time and staff documented this in their notes.
- Staff reported they never cancelled activities due to staff shortages. Staff sometimes rearranged activities because of patient needs. For example, when unwell and unable to leave the building. One patient and one member of staff said staff had cancelled activities but this was rare.
- The hospital employed a consultant psychiatrist and a specialist doctor. Both were available from 9am to 5pm Monday to Friday. Staff contacted the consultant out of hours for advice and in their absence called upon a duty consultant from the CAS duty consultant team. Staff dealt with physical emergencies by contacting the emergency services or through the on-call GP service.
- Staff were trained to carry out physical interventions such as restraint safely and there were enough staff on each shift to do this effectively.
- Staff received and were up-to-date with appropriate mandatory training. The average on line (computer) mandatory training rate for staff was 100%. Mandatory training included first aid, dealing with concerns at work, equality and diversity and safeguarding. Staff received face to face mandatory training in the Mental Health Act and the Mental Capacity Act and the rate for this was 81%. The hospital director explained some staff were due to receive this training in the next month and there were staff on maternity leave who would be updated when they returned to work.
- Staff followed infection control principles. All staff had completed training on infection control. There were infection control posters in the hospital and infection control policies and procedures were available. We saw staff following good infection control principles, including handwashing.

Assessing and managing risk to patients and staff

- Staff at The Manor did not use seclusion and there were no seclusion rooms.
- There were 31 episodes of restraint from 7 May 2017 to 5 November 2017. Only one of those restraints was in the prone (face down) position.

Good

Wards for people with learning disabilities or autism

- The provider had changed its focus from the use of restraint techniques to de-escalation and had changed their training provider to help with this change. Staff told us they always tried to de-escalate situations rather than use restraint.
- Staff had not used rapid tranquillisation from 1 January 2017 to 5 November 2017. Staff were able to give an understanding of best practice on the use of rapid tranquillisation following the National Institute for Health and Care Excellence guidelines.
- All patient records had up-to-date risk assessments which meant staff understood patient needs. We looked at six patient records. Staff used the Short-Term Assessment of Risk and Treatability (START) risk assessment for all patients. Staff completed these prior to and on admission. The key worker and the multidisciplinary team updated the assessment throughout the patient's stay at the hospital. Staff also updated assessments after incidents and put measures in place to reduce risk.
- The hospital had a policy for searching patients. Searches were not routine and took place only when staff identified a risk. However, one member of staff did not feel confident undertaking body searches due to a lack of training in pat searches. A pat search is a search of a patient's outer clothing by the nurse running their hands along the outer garments to find any concealed item.
- The team also used the Historical, Clinical and Risk Management Scales (HCR-20) risk assessment for patients with an increased risk of aggression. This is a recognised assessment for violence risk assessment and management.
- At the time of the inspection, we found blanket restrictions in place restricting the use of cigarette lighters on the unit. However, staff issued patients needing a lighter with one when they left the unit.
- One patient was informal and there were no restrictions on them leaving the hospital. There were notices at the entrance that said informal patients could leave when they wanted to.
- The Manor had up-to-date policies and this included policies on observation and searching. CAS Behavioural Health provided these and staff demonstrated they had read and understood them. The observation practices we looked at followed the policies.
- Staff training in safeguarding was 100% and staff knew what safeguarding abuse was. Staff knew who to report any safeguarding concerns to.
- The hospital used a local pharmacy for the supply of medication. The pharmacist carried out a yearly audit, which they had last completed on 6 October 2017. Their audit included reviewing whether medication charts had been written and completed correctly along with reviewing as required medicine having the correct information written about when to use it.
- Staff stored medicines correctly and they were in date. Doctors had written medicine cards correctly with 'as required' medication having clear reasons when staff should give them. There were no missing signatures on the cards. Capacity assessments were all present with the correct T3/T2 (Mental Health Act statutory forms regarding giving consent) documents attached and correctly signed. On admission, all patients had their medication checked with the previous hospital to ensure the doctor prescribed the correct medication.
- The hospital had a policy that did not allow children to visit the ward area. The hospital had a visitors' room in the reception area that visitors with children used. Staff checked with the relevant local authority and patient notes to check if there were any restrictions around visits.

Track record on safety

- There had been no serious incidents between 1 January 2017 and 5 November 2017.

Reporting incidents and learning from when things go wrong

- All staff knew how to identify and report incidents correctly. Staff gave us examples of incidents reported and how they had reported them. Staff reviewed incidents at the monthly team meeting and at the regional governance meetings, which the provider held quarterly.
- The hospital director and the head of care attended monthly local and quarterly regional governance meetings where they discussed feedback and learning from recent incidents. They then shared information with the hospital staff through meetings and email.
- The hospital director shared lessons learnt from incidents with staff by discussing these in monthly staff meetings and through emails.

Good

Wards for people with learning disabilities or autism

Duty of Candour

- Staff understood Duty of Candour. They said they were open and honest with patients and carers (where they had permission to talk with them). For example, staff had kept patients and carers up-to-date about a recent safeguarding incident.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at six patient records and saw the hospital had a strong system of care planning, risk management and patient involvement in care. All care plans were available to patients in an easily understood format and there was evidence of patient involvement by patient signatures on care plans and regular reviews involving staff and patients. Care plans included a comprehensive assessment of need. Staff had regularly updated these. The plans were personalised, holistic, and recovery-oriented. There was evidence of discharge planning from an early stage and staff used a visual discharge plan to help plan the discharge with the patient.
- Each patient had a physical health file containing all information arising from appointments with GP's, hospital and community medical staff. Files included details of height, weight, monthly blood pressure and test results. If a patient had specific health problems this was care planned and staff recorded any support and input from external specialists.
- Each patient had an emergency grab file and a communication plan. Both reflected patient's communication needs, support and preferences if they required an urgent hospital admission.
- The hospital kept patient notes in a locked cupboard in a locked room. Authorised staff could only access patient information on the computers with a designated name and password.

Best practice in treatment and care

- Staff used and followed guidance published by the National Institute for Health and Care Excellence. This included, but was not limited to, guidelines on managing challenging behaviour, diagnosing autism and prescribing medication.
- Psychologists offered psychological therapies such as cognitive behaviour therapy and developed positive behaviour support plans for each patient. These are plans developed as a way of supporting people who display, or are at risk of displaying behaviour that challenges services. Psychologists were able to make use of an Art Psychotherapist.
- Staff met at least monthly to discuss different aspects of patient care. This included reviewing the National Institute for Health and Care Excellence guidance.
- Patients had good support from the local GP clinic. Patients could attend the clinic for review of their physical healthcare and associated medication. All patients' received a physical health assessment on admission, which staff continued to monitor throughout the patients stay. The physical health assessment included pre-existing conditions and ongoing physical health investigations. Nursing staff registered all patients with the local GP within 24 hours of admission.
- The hospital had recruited an adult registered nurse to help with the assessment and treatment of physical healthcare. Medical staff assessed patients' physical health on admission and staff developed physical healthcare plans to meet patients' needs.
- Staff used a variety of recognised rating scales to assess patients. The occupational therapists used the Model of Human Occupation Screening Tool. This is an assessment that determines the extent to which patient factors and environmental factors help or restrict an individual's participation in daily life. The speech and language therapist used the East Kent Outcome System. This assessment provides a consistent method to measure a patient's improvement using therapeutic intervention.
- Staff had undertaken several clinical audits including care plan, searching, medication use and mental health use. Clinical audit is a way to find out if healthcare is being provided in line with standards and allows care providers and patients know where their service is doing well, and where there could be improvements. Audits had action plans and timescales to complete actions attached. Staff had signed and dated these. Staff filed the audits in a specific folder that was well organised.

The hospital director and the head of care mainly carried out audits but there was evidence of involvement from other qualified staff for example phycologists. .

Skilled staff to deliver care

- A variety of staff were employed and working at the hospital including psychologists, speech and language therapists, qualified nurses, doctors, occupational therapists and activity co-ordinators. There were also cleaners and maintenance staff to look after the hospital environment.
- The qualified staff were all registered to practice with their respective professional bodies and had the relevant experience in their field.
- The hospital director and head of care had arranged for all new staff to have an induction to the service as well as a probation period. At the time of the inspection 11 support staff had completed or were in the process of completing the Care Certificate.
- Staff had regular mixed managerial and clinical supervision every three months. Records showed that 100% of staff had completed.
- The appraisal rate of non-medical staff was 90%. The remaining 10% were staff off work due to maternity leave.
- Some staff groups felt their specialist training was good whilst other staff felt the Mental Health Act training was basic and there should be more training available that was applicable to the patient group they were caring for. We discussed this with the hospital director who said this would be reviewed as there was training provided for both areas.
- The hospital director and head of care discussed examples of poor performance they had addressed. They were confident they addressed poor performance quickly and appropriately through supervision with the aid of the human resources department when necessary.

Multi-disciplinary and inter-agency team work

- All qualified staff were involved in the multidisciplinary meetings that were held weekly. Staff invited carers and other agencies as appropriate. One qualified nurse said they were looking at involving support workers in multidisciplinary meetings.
- Nursing staff held handovers between shifts. Staff documented information about each patient to make sure staff on the following shift were fully aware of patients legal status, observation level and progress. This was verbally fed back at the handover. Staff held morning meetings with other staff disciplines to review patient's risk status, planned activities as well as a short discussion about overall patient's condition.
- The hospital director had developed good relationships with local agencies including education facilities, patient commissioners, safeguarding team and a local community farm. The team also maintained contact with patients care workers from their referring team.
- The commissioners gave good feedback about working relationships, sharing of information and patient care delivered by The Manor.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- All staff had completed Mental Health Act training as part of their induction programme. Staff updated Mental Health Act training yearly. The training record showed 81% of staff had completed Mental Health Act training up until the 20 October 2017. Staff could explain the Act, the Code of Practice, and how they used them in the hospital. The hospital held 18 patients detained under the Mental Health Act at the time of our inspection.
- Detention paperwork, including section papers and renewals were up-to-date and stored correctly in patient files. All 18 medication charts had the correct consent to treatment and capacity assessment forms attached (T2 and T3). Patients were legally detained.
- Staff explained rights of the Mental Health Act on admission and at regular intervals afterwards. Staff completed section 132 monitoring forms to record when this took place and if the patient understood them.
- The hospital employed a Mental Health Act administrator. Staff knew who they were and knew to contact them if they needed Mental Health Act advice.
- An independent mental health advocate visited weekly and was available for all patients. They were also available by telephone at other times. The advocate spoke highly of their experience at the hospital.
- The administrator audited the Mental Health Act every six months.

Good practice in applying the Mental Capacity Act

- All staff had completed Mental Capacity training as part of their induction programme . Mental Capacity training was updated yearly. The training record showed 81% of

Good

Wards for people with learning disabilities or autism

staff had completed yearly Mental Capacity training up until the 20 October 2017. Staff understood what mental capacity was and could explain the five statutory principles.

- Staff understood what a Deprivation of Liberty Safeguards was and there had been no Deprivation of Liberty Safeguards applications made from May 2017 to 5 November 2017.
- There was a policy on Mental Capacity Act that included information on Deprivation of Liberty Safeguards. This was stored electronically. Staff knew where it was stored and how to access it.
- Care records showed that staff recorded patient's capacity appropriately and staff completed assessments on a decision specific basis. Where patients did not show capacity staff held best interest decision meetings. Staff invited carers and relatives to attend these meetings.
- The speech and language therapist worked with staff and patients to help communicate in different ways to make sure they assessed capacity correctly. Assessments and patient information in care records showed staff worked hard to understand their patient's best interests.
- Staff received updates to the Mental Health Act and the Mental Capacity Act by emails and information from the Mental Health Act administrator. The Mental Health Act administrator was available for guidance on the capacity act. They could contact a mental capacity lead administrator for further advice.
- The Mental Health Act administrator did six monthly audits to monitor the use and quality of the mental health capacity assessments.
- Staff understood the definition of restraint and always sought to use least restrictive practice.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- Staff spoke with patients in a respectful and dignified manner. Staff were visible in communal areas and were mindful of patient needs.
- Patients were positive in their feedback about how the staff treated them. Patients said staff knocked on bedroom doors before entering their rooms.
- Four carers told us staff were caring and respectful of their relative.
- Information in easy read communication books and grab files showed staff knew their patients.

The involvement of people in the care they receive

- Care records showed patients were involved with their care plans and risk assessments. Staff entries in notes, easy read plans and the communication books reflected that. Patients were all offered copies of the easy read care plans and if they declined staff had recorded the reason for this. The speech and language therapist had ensured that staff presented information in a variety of ways so patients could understand.
- Patients and carers had the opportunity to be involved in discussions about care and treatment. Many carers lived too far away to attend regularly but said the staff kept them updated and involved where appropriate.
- An independent mental health advocate visited weekly and had built up a good rapport with the patients. Patients could access advocates easily when they visited and by phone. The hospital provided a notice board with information about the advocate and their role clearly displayed.
- Following referral to the hospital, staff visited the referred patient to talk about the hospital and answer any questions the patient might have. Staff gave the patient an information booklet about the hospital. Staff sent the information book to patients they were unable to visit.
- Community meetings took place weekly and staff asked patients to give feedback about the service. Staff took minutes of the meeting, and the agenda included regular discussions about maintenance, housekeeping, activities and outings. Patients could raise issues, which allocated to staff members for action. Staff gave updates at subsequent meetings to keep patients notified about changes made.
- The advocate had completed a patient survey report in October 2016 and patients had just completed the latest one, which was due for publication. The survey asked a series of questions about their stay at The Manor. At the end of the survey was an action plan that said how the staff would make improvements identified in the survey.

Good

Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- From May 2017 to October 2017 the average bed occupancy 100%. At the time of our inspection, the bed occupancy was 95% because staff had recently discharged a patient.
- In the same period, 18 out of 19 patients were out of area placements. This was because the hospital is a country wide specialised service.
- The average length of stay for a patient was 28.6 months.
- The hospital is a rehabilitation unit and does not take emergency admissions. Beds were available for both local and national patients.
- Staff arranged patient admissions and discharges at an appropriate time of day. The hospital director said there was no pressure to accept referrals and they could refuse admissions if it was felt the patient was unsuitable.
- Patients always had a bed to return to from leave.
- From May 2017 to October 2017, there had been two delayed discharges. Clinical reasons had not been the reason for the delay but rather the local authority had difficulties finding accommodation for the patient. Records showed staff had been in regular contact with the local authorities to pursue the discharges.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a variety of rooms in the hospital. These included a therapy room, a small quiet room, clinic rooms and a lounge. There was also a large outside area patients could access. Patients could meet visitors in a specified room outside of the ward area.
- There was a small telephone booth for patient use, which at the time of the inspection staff had locked due to a recent incident. Patients could request to use the phone or use their own mobile phones. Staff were due to review the locked door. Patients confirmed they could use the phone when they requested to.
- Patients had personalised their own rooms and had somewhere secure to put their more valuable items. Patients were able to lock their bedroom doors.
- In a patient survey dated October 2016, patients had various replies to whether they felt the food was good. Out of 11 patients that answered, eight said food was good. Two patients said they were not happy with the food. Staff had drawn up action plans following these comments. Patients told us the food was good although one patient said there was too much rice served.
- Hot drinks and snacks were available 24 hours a day.
- Staff provided a variety of activities for example reading and writing groups, personal needs and shopping trips led by occupational therapy and therapy assistants. Activities were available in different formats seven days a week.

Meeting the needs of all people who use the service

- People with a disability could access the hospital. There was a wheelchair friendly entrance, lifts between floors, and doors wide enough for wheelchairs to pass through. Staff could request further changes to meet individual needs if necessary.
- The speech and language therapists had designed easy read information leaflets that covered different topics. This included bereavement, diabetes, discharge planning, and making complaints. Staff had placed notice boards around the building and they contained information on rights, advocacy and complaints. There were also talking buttons on the information boards that when pressed explained various things. For example, one button when pressed explained what an advocate was and what they could do. A patient had recorded these messages.
- Staff had adapted the presentation of some of this information to meet the individual needs of patients. Two patients had easy read information changed to photographs rather than pictures. This was easier for them to understand.
- Staff could access interpreters in an emergency through a telephone service. Two patients said there was no conversation held in their first language although they

were fluent in English. However, we saw that the head of care had allocated two staff to these patients because they spoke the requested language and therefore could hold conversations with the patient.

- Patients had a choice of food to meet their dietary requirements including gluten-free, halal and vegan. Two patients had complained that kitchen staff had not offered them specific food to meet their ethnic background. Staff took these patients to community shops where they could buy food from their cultural background.
- Patients were able to access their chosen place of worship within the community. The hospital also had a multi faith room patients could use at any time.

Listening to and learning from concerns and complaints

- The hospital had received nine internal complaints from January 2017 to October 2017. The hospital director investigated the complaints and upheld three. Five were partially upheld. None had been referred to the ombudsman. The director had written investigation notes and filed these in patient notes as part of the letter sent to the complainant.
- The hospital followed policies and procedures when dealing with complaints. The hospital director feedback the outcomes of complaints to the staff.
- Patients, staff and carers knew how to complain. The hospital had notices displayed in easy read as well as booklets explaining how to complain. Patients said they knew how to complain and who to complain to. Patients said they felt safe to do this.
- Staff described how they would deal with complaints and whom they would report them to.

Are wards for people with learning disabilities or autism well-led?

Good

Vision and values

- Staff all had the common vision of providing the best care. The provider had four values of honesty, care, commitment and openness. Staff displayed this in their work and in their conversations with us.
- The provider had recently merged with another provider, which meant changes to senior staff. Staff knew the new chief executive and other senior managers.

Good governance

- Staff were up-to-date with mandatory training and supervision. Senior staff had carried out appraisals for all staff.
- There were adequate staffing levels at the hospital and often staffing was above the minimum level. This also meant staff could spend more time on direct care.
- Staff undertook different clinical audits across the hospital. This helped staff understand how the hospital was performing.
- Staff reported complaints, safeguarding and incidents correctly and in a timely manner. Patients felt safe. Staff were able to add items to their risk register.
- The provider had key performance indicators for staff and the hospital. Staff used other indicators to show patient improvement.
- The director had enough administration staff to help carry out their job and enough authority to make appropriate changes to the hospital.
- We reviewed personnel files for four staff members. Files were comprehensive, in good order and up-to-date. They contained recruitment information, references, disclosure and barring service checks, professional registration details, sickness and absence, supervision and appraisal records. The staff records we sampled showed no one worked in the unit without the required background checks to ensure they were safe to work with the people who were using the service.

Leadership, morale and staff engagement

- The sickness and absence rate was low. Staff said they enjoyed working with this group of patients.
- Staff knew how to raise concerns and they knew how to use the whistle-blowing process.
- Staff did not feel they would be victimised if they raised concerns and believed the hospital director would take their concerns seriously.
- There had been three incidents of bullying/harassment in last 12 months. The hospital had dealt with the incidents of bullying/harassment correctly. The director took disciplinary action following an investigation. The director and staff had kept relatives and patients fully informed of proceedings from the beginning.

Good

Wards for people with learning disabilities or autism

- The provider had offered opportunities for staff to take leadership roles. The director encouraged staff to take leadership opportunities within the hospital.
- Staff said they worked as a team and supported each other. A staff survey from October 2016 reported 93% of staff felt team commitment was good or better.
- Staff held team meetings monthly where they had the opportunity to give feedback on the service and help give input into service development

Outstanding practice and areas for improvement

Outstanding practice

The work the speech and language therapists had done with the availability and quality of the easy read documents and the talking buttons was very good. Staff had used patients' voices when recording the information for the buttons.